

STATE OF CALIFORNIA
OFFICE OF STATEWIDE HEALTH
PLANNING AND DEVELOPMENT

STRATEGIC BUSINESS PLAN

SEPTEMBER 30, 1998

David M. Carlisle, M.D., Ph.D.
Director

EXECUTIVE SUMMARY

The purpose of the Office of Statewide Health Planning and Development (OSHPD) Strategic Business Plan is to identify and communicate the Office's strategic directions and goals, to provide a foundation for future tactical and financial planning, and to promote unity and teamwork among the Office's internal and external stakeholders. The original plan was completed in the Fall of 1994, and has been amended to reflect current goals, objectives, strategies, activities and performance measures with activity being monitored on a regular basis.

The plan was developed based on input from an Internal and External Stakeholder Assessment. In all, 24 external stakeholders and over 60 OSHPD employees actively participated in the process. The Mission Statement, Vision Statement and Value Statements establish the framework for the Office's goals, objectives and strategies over the next three to five years. The goals identified in the plan are as follows:

Goal 1: Be a statewide leader, in partnership with the public, the health care industry, the provider community, and government, in developing policies, plans and programs that meet the health needs of the people of California. **(Responsible Divisions: Executive Office, Health Facilities, Health Policy and Planning, Administration)**

Goal 2: Guide the State's health care policies and initiatives, especially in the areas of quality, accessibility, allocation of resources and cost effectiveness by providing timely, accurate, objective and comprehensive information, research and analysis. **(Responsible Divisions: Health Facilities, Health Policy and Planning, California Health Information Policy Project)**

Goal 3: Ensure the on-going safety of health care facilities and evaluate their ability to provide continued operation and necessary health services in the event of a disaster. **(Responsible Divisions: Facilities Development)**

Goal 4: Improve the overall delivery and accessibility of health care in the state by providing access to financial resources to expand or add needed facilities, and by facilitating development of appropriate workforce resources. **(Responsible Divisions: Cal-Mortgage, Administration, Primary Care)**

Goal 5: Create a responsive and effective organization by practicing the OSHPD values, incorporating strategic planning and effective management practices, and providing continued professional development opportunities. **(Responsible Divisions: Executive Office, All Divisions)**

In order to achieve these goals the plan identifies 22 objectives and 77 different strategies. Significant activities and performance measures are included for each goal, and the plan is reviewed regularly to determine the need for future updates. Implementation of the plan addresses communication of the Strategic Plan to key stakeholders, identification of key activities, and assignment of implementation responsibilities

The Office is organized into six divisions, and the California Health Information Policy Project (CHIPP), encompassing five program areas and an administration function. The five program areas are Health Policy and Planning, Primary Care Resources and Community Development, Health Facility Data, Facilities Development, and Cal-Mortgage. Resources allocated to Office for FY 6/7 total 366.5 positions with an operating budget of \$45,747,000. Projected resource requirements for FY 7/8 are 358.1 positions with an operating budget of \$42,965,000.

OFFICE OF STATEWIDE HEALTH PLANNING AND DEVELOPMENT

Strategic Plan

TABLE OF CONTENTS

SECTION I - MISSION, VISION AND VALUES.....	1
MISSION STATEMENT.....	1
VISION STATEMENT.....	1
VALUES STATEMENT.....	2
SECTION II - AGENCY DESCRIPTION.....	4
SECTION III - AGENCY INTERNAL/EXTERNAL ASSESSMENT SUMMARY ...	9
SECTION IV - STRATEGIC GOALS, OBJECTIVES, STRATEGIES, ACTIVITIES, AND PERFORMANCE MEASURES	14
SECTION V - RESOURCE ASSUMPTIONS.....	35
SECTION VI - FINANCIAL AND FULL-TIME EQUIVALENT (FTE) POSITION INFORMATION.....	37
APPENDICES	38
Appendix 1 - Organizational Chart.....	Error! Bookmark not defined.
Appendix 2 - Stakeholders.....	Error! Bookmark not defined.
Appendix 3 - OSHPD Strategic Planning Process.....	Error! Bookmark not defined.

Section I - Mission, Vision And Values

The Mission, Vision and Value Statements were developed based on input from the Internal and External Stakeholder Assessment. In all, 24 external stakeholders and over 60 OSHPD employees (representing a cross section of programs, jobs, organizational levels, and geographic locations) provided their input.

The *Mission* statement expresses our organizational purpose, identifying our customers, our core services and major functions.

The *Vision* statement is a description of what our organization should be as we successfully implement our strategies and achieve our full potential.

The *Values* statement describes the key attributes that are most important to us, both individually and as an organization. These include attributes that we currently possess, as well as those that we aspire to. Our values help make OSHPD and our employees unique.

Together, these statements create the image of what kind of organization OSHPD is.

MISSION STATEMENT

We plan for and support health care systems which meet the current and future health care needs of the people of California.

VISION STATEMENT

We are leaders in promoting the health of all Californians through improved accessibility, cost effectiveness, quality and safety of health services.

Our array of professional skills and resources support government, consumer interests and the health care industry in the planning and development of innovative and effective health care policies and programs.

VALUES STATEMENT

DEDICATION TO THE PUBLIC

We are dedicated to consumers of health care and the health care industry. We are flexible, responsive and dedicated to providing our services for the benefit of the people of California.

CARING

We believe in our mission and are dedicated to improving health care delivery in California. We care about the consumers of health care and believe that through our work we make their lives better.

PEOPLE

People are our greatest asset. We are professionals with diverse skills and expertise. We support all our people to achieve their full potential and empower them to achieve our Mission and Vision.

SUPPORT

We bring a sense of family to our organization by treating each other with friendship, dignity and respect. We support each other's efforts in a congenial and collegial atmosphere. Our managers are supportive and accessible to staff.

PARTNERSHIP

We involve our clients as part of our team. We communicate, coordinate and cooperate with community groups, the private sector and all levels of government; we are supported by citizen advisory boards and commissions.

INTEGRITY

We demonstrate integrity in everything we do. We work with the public, the health care industry and government in an open, honest, objective and helpful fashion.

COMMITMENT TO QUALITY

We are committed to improving the quality of our products and services by constantly improving our individual and organizational performance through growth, development and practice of our values, with management leading by example.

MULTI-CULTURAL DIVERSITY

We foster multi-cultural diversity in the health care workforce. Our own organization reflects and supports diversity.

LEADERSHIP

Our health care planning, policy and program activities promote creative, innovative and forward thinking methods of health care delivery. We take a pro-active approach to addressing the future health care needs of the people of California.

Section II - Agency Description

The Office of Statewide Health Planning and Development (OSHPD) is a department in the California Health and Welfare Agency. OSHPD was formed in 1977 as part of a larger reorganization of the functions of the Departments of Health, and Benefit Payments. Its initial responsibilities included: planning for and regulating the expansion of health facilities and services throughout the state; administration of the family physician training program; procurement of federal and state financial assistance for the development of needed health facilities; and monitoring compliance of health facilities relative to state building codes.

In 1986, OSHPD's responsibilities were significantly expanded when it assumed the responsibilities for health facility data collection and disclosure which were previously carried out by the California Health Facilities Commission. In 1992, OSHPD's responsibilities were further expanded by the implementation of AB 47 (1991) which consolidated health facility plan review and construction inspection activities of the Offices of State Architect and the State Fire Marshall into the Office's Health Facilities Development Division.

Currently, OSHPD is organized into six divisions, encompassing five program areas and an administration function which supports not only the Office's programs, but also the Office of Health Information for Policy (OHIP), the Managed Risk Medical Insurance Board (MRMIB) and the Child Development Policy Advisory Committee. The five program areas are listed below along with a brief description of their functions.

The *Health Policy and Planning Division* provides the Office and the Health and Welfare Agency with expertise and resources in the analysis of current health policy issues. Some of the projects currently underway include analysis and development of recommendations on issues such as healthcare antitrust cases, hospital outcomes community benefits and the role of non-profits. The *Primary Care Resources and Community Development*

Division administers programs concerning recruitment and training of primary care and minority health professionals; designation of areas of medical underservice; planning to meet health professional and facility needs; and conducting demonstration projects in rural health and alternative health delivery methods. The *Healthcare Information Division* collects, edits, and publishes comprehensive data on health facility finances and utilization including discharge data on all hospital inpatients. In conjunction with the Healthcare Information Division, the Office of Health Information for Policy performs complex data linkages of existing databases and facilitates the development and coordination of data collection policies and procedures designed to promote data standardization and to ensure the confidentiality of patient medical information. The *Facilities Development Division* conducts plan review and on-site construction inspection of licensed health facilities to assure that they are structurally sound and available to meet the State's health care needs in the event of a major disaster. The *Cal-Mortgage Loan Insurance Division* administers a loan guarantee program which assists non-profit health facilities in obtaining needed capital at affordable rates.

SERVICES PROVIDED

Healthcare Information

- Collects and analyzes health facility fiscal and utilization and capacity data from California hospitals, long-term care facilities, licensed clinics, home health agencies, and hospices.
- Collects inpatient hospital patient care information.
- Examines costs and quality of health care services.
- Integrates health data systems of the State
- Facilitates health services research.
- Disseminates health care facility information to health care participants, administrators, policy makers and the public.

Health Planning and Policy

- Identifies and analyzes issues critical to the improvement of California's health care delivery system.
- Conducts applied healthcare research related to healthcare costs, quality, and access.
- Analyzes, reviews and recommends policy initiatives and changes related to health care costs, quality and access.
- Disseminates information to legislators, consumers, researchers and others who are interested in understanding and improving California's health care delivery system.

Health Manpower

- Develops primary care resources.
- Supports recruitment of minorities into health professions.
- Helps medically underserved areas recruit health personnel.
- Tests and evaluates innovation in the roles of health personnel and in the delivery of health care.
- Monitors supply and distribution of health care providers and develops statewide health manpower plans.

Health Facility Safety

- Assures that California's health facilities are structurally sound and functionally safe by reviewing construction plans and conducting field inspections - so as to assure the safety of patients under care.
- Maintains necessary seismic, fire, engineering and other life-safety construction standards for California health facilities - updates requirements in light of new architectural and engineering advances.

- Integrates all State services related to health facility construction requirements.

Rural Health Care

- Develops plans for improving rural health services in collaboration with rural communities statewide.
- Provides assistance to rural hospitals and other health care facilities in construction, staffing and licensing requirements.
- Assists in recruitment of health personnel to underserved rural areas.
- Promotes the development of networks of mutually supportive health care providers in rural communities.

Health Facility Financing

- Assists non-profit health facilities in obtaining needed capital resources at affordable costs.
- Monitors capital needs for construction and renovation of California health facilities.
- Prepares an annual Cal-Mortgage Plan to assure that capital resources are best applied to improvement of health care access.

Section III - Agency Internal/External Assessment Summary

The Office of Statewide Health Planning and Development's (OSHPD) strategic planning process included a Readiness Assessment which consisted of :

- A comprehensive review of current OSHPD planning documents
- Interviews with 19 members of Executive Management and the Strategic Planning Team
- Several working sessions of the OSHPD Strategic Planning Team
- Executive Management's review of the Readiness Assessment results

The readiness assessment findings and conclusions reflect potential obstacles to success and suggestions for overcoming them. The management interview results summarize the feedback gathered on various topics: management's expectations of the strategic planning project, OSHPD's key strategic issues, its organizational strengths and weaknesses, the opportunities and threats facing OSHPD, as well as management's expectations of the Information Technology (IT) planning project and the key IT issues for OSHPD (to be addressed in a separate IT Strategic Plan).

Listed below is a summary of the findings and conclusions of the readiness assessment.

Strategic Issues

1. Does OSHPD Have a Unified Role and Identity? How Do We Reconcile the Multiple Identities?
 - A. How do we foster a sense of family and common purpose within the organization?

- B. What should OSHPD's role be in the development of national health care policies?
 - C. How will health care reform impact OSHPD's organization?
 - D. Have we clearly defined the customer? Who should our customers be?
 - E. What should OSHPD's role be in the measurement of hospital performance?
 - F. What is OSHPD's role as liaison to the public?
 - G. How can OSHPD increase its own and the Governor's visibility on health care issues?
 - H. Should OSHPD have a role in resolving free market/regulated health care tensions?
2. Are OSHPD's legislative mandates still relevant?
 3. Should we be more pro-active in health care policy development?
 - A. How do we adapt to changes in health care policy development (e.g. Managed Health Care)?
 - B. How do we address the trends towards more mid-level practitioners (PAs, NPs, etc.)?
 - C. How do we support a multi-cultural health care workforce?
 - D. How can we fully address rural health care needs?
 4. Should we shift our focus to providing more analysis? Should we collect additional types of data?
 5. How can we work more effectively with outside organizations?
 6. How do we keep our mix of skills and organization current to achieve our mission?

- A. What should we do to improve internal communications?
- B. How do we become more creative, adaptive and responsive?
- C. Should we incorporate risk-taking into our culture? If so, how?
- D. At what level should we assign accountability and establish performance standards?
- E. How do we evaluate what we do at all levels?
- F. How can we be more efficient using fewer resources?
- G. How can the Administrative Division become a full service organization rather than a control group?
- H. How should we prepare for changes in the health care environment that affect direction and focus?

Strengths

- 1. Bright, professional loyal, experienced, dedicated people
- 2. A clear mission and vision
- 3. Our commitment to health care - What we do is important
- 4. Secure Funding - We don't have to rely on the General Fund
- 5. Good reputation; credibility of our leadership with Industry
- 6. Good relationship with the Health and Welfare Agency
- 7. Responsiveness - We are a small organization
- 8. Our management is comprised of team players
- 9. Good relationship with the Governor's Office, Legislature, Control Agencies
- 10. Our involvement with communities
- 11. Our focus on customer service

12. Open door policy of Executive Management

Weakness

1. Communication among the Divisions
2. We have a low profile; very few people know about us and what we do (The word "Office" can be misleading)
3. We tend to be a follower rather than a leader - We have a "business as usual" attitude
4. We have trouble bringing things to closure; We don't follow through and meet deadlines well
5. We are overly bureaucratic
6. We could work better together as a team (At the Executive management level and throughout the entire organization)
7. We have internal conflicts; we don't always support each other and our staff
8. The linkages between Divisions are inadequate
9. Our relationship with the Legislature is not always positive: Can it be improved for mutual benefit?
10. Our resources are not always allocated properly
11. We don't always focus on the end customer - Health care consumers
12. We are not utilizing all the know-how available to us
13. Lack of a career path for good new managers
14. Information Systems lacks consistency, standardization
15. We lack expertise, sophistication in some area of information technology
16. Frustration with the responsiveness of Information Technology

17. We lack clear definition of job duties and performance standards
18. We have too many manual administrative functions
19. When the vocal minority are unhappy, low morale follows
20. Our data is not always accurate, consistent, timely
21. We don't maximize our potential for social and health care contributions
22. There is a limitation on the Talent we can bring into OSHPD

Threats

1. Other state or federal organizations may be able to respond to changes better
2. State may use special fund money to augment the General Fund
3. Private organizations are providing information (and analysis) better than we are
4. The need for services that we currently provide might diminish as fewer and fewer hospitals are built, alternative health care increases, etc.
5. If health care costs decrease, we need to adapt and achieve stable funding

Section IV - Strategic Goals, Objectives, Strategies, Activities, and Performance Measures

This section of the strategic plan describes the organizational Goals we have set for ourselves. These *Goals* represent what we want to accomplish or become over the next several years. They provide the basis for decisions about the nature, scope and priority of the

projects and activities we undertake, in that everything we do should help us move towards attaining one or more of these Goals. The five goals of this Strategic Plan are as follows:

- GOAL 1:* Be a statewide leader, in partnership with the public, the health care industry, the provider community, research community, and government, in developing policies, plans and programs that meet the health needs of the people of California.
- GOAL 2:* Guide the State's health care policies and initiatives, especially in the areas of quality, accessibility, allocation of resources and cost effectiveness by providing timely, accurate, objective and comprehensive information, research and analysis.
- GOAL 3:* Ensure the on-going safety of health care facilities and evaluate their ability to provide continued operation and necessary health services in the event of a disaster.
- GOAL 4:* Improve the overall delivery and accessibility of health care in the state by providing access to financial resources to expand or add needed facilities, and by facilitating development of appropriate workforce resources.
- GOAL 5:* Create a responsive and effective organization by practicing the OSHPD values, incorporating strategic planning and effective management practices, and providing continued professional development opportunities.

For each of these Goals, we have identified Objectives and Strategies which are documented on the following pages.

The Objectives serve to further define the Goal by providing a measurable target which must be met in order to attain the Goal. Strategies are the means by which we intend to accomplish a Goal

or Objective. They comprise activities, projects, initiatives and programs. In total, this Strategic Plan identifies 22 objectives and 77 different strategies for achieving our Goals over the next 3 years. (ARE YOU SURE 3 YEARS?)

Goal 1 Be a statewide leader, in partnership with the public, the health care industry, the provider community, the research community, and government, in developing policies, plans and programs that meet the health needs of the people of California.

Objectives

1. Take a lead role in developing statewide health policy.

Strategies:

- A. Provide a point of contact on health care reform initiatives for the Health and Welfare Agency, the Legislature, the Department of Finance, the Department of Corporations and the Department of Insurance.
 - B. Take a leading role in statewide health care activities by fostering visionary leadership throughout the organization, particularly in executive management.
 - C. Identify and verify health care trends by collecting and studying the appropriate data.
 - D. Analyze health care alternatives against statewide needs to develop plans and programs that meet those needs, particularly in light of national initiatives.
 - E. Assist the Administration and the Legislature to understand the impact that new health care initiatives will have on state, county, district and city health facilities, and the Office's constituent groups.
2. Establish outcome measures in the areas of health care cost, quality and accessibility.

Strategies:

- A. Establish partnerships with managed health care organizations and health facilities, the Department of Health Services (DHS) and other responsible organizations to develop outcome measures for health care services and delivery.
 - B. Standardize data collection for outcome measures.
 - C. Establish minimum standards for community health and develop methods to measure community health.
3. Monitor the State's success in meeting its goals for cost, quality and accessibility of health care and improvements in health status.

Strategies:

- A. Develop programs to monitor health care delivery against target outcome measures.
 - B. Identify populations and communities in need of health care resources and develop appropriate plans to meet those needs.
4. Increase the availability, efficacy and appropriate use of health care resources throughout the state.

Strategies:

- A. Continue to develop and assess pilot programs designed to improve health care service and delivery, recommending statewide implementation where appropriate.
 - B. Organize forums including public and private health care organizations and community representatives to identify opportunities for improving health care delivery in communities with the greatest need.
 - C. Take the initiative in conducting strategic rural health planning that ties the availability of and access to health care with census and demographic data to anticipate and pro-actively support rural health needs.
5. Promote OSHPD's reputation as an organization with both the expertise and the resources to develop health care related policies, plans and programs.

Strategies:

- A. Communicate OSHPD's Mission, Vision, Values and Goals to external stakeholders.
- B. Develop structures and mechanisms for clear and regular communication with external stakeholders (the public, the health care industry, the provider community, research community, and government).
- C. Advertise and market OSHPD's capabilities.
- D. Involve OSHPD employees in community, industry and professional organizations to increase exposure, recognition and reputation.

Significant Activities/Performance Measures

1. Sponsor and attend industry specific events and conferences that allow for exhibit and networking opportunities.
2. Inform the public, via the media, of the release of important publications, and electronic healthcare information, results from studies and details regarding public hearings.
 - Monitor community benefits reported by non-profits in the community benefit plans that they are legislatively required to submit to OSHPD.
3. Publish and distribute OSHPD's quarterly magazine, The Monitor.
4. Develop and distribute OSHPD's Public Relations Packet/Brochure.
5. Design, produce and market the Third Edition of the California Health Care Fact Book for Public and Private Sector use.
6. Develop and design divisional program material (brochures, publications, reports, etc...) for the purpose of marketing our services and recruitment activities, where applicable.
7. Using the Department's Web Site, promote OSHPD services and products, and provide access to health facility information encouraging interactive use.
8. Network with Industry Professionals using Profession Organization Memberships as a means of information transfer and acquisition regarding industry needs and priorities.
9. Participate in the public code process established by the California Buildings Standards Commission and meet assigned deadlines.
10. Form collaborative relationships with the research community to establish an on-going partnership to foster more effective mechanisms for developing and releasing value added data sets and healthcare information.

11. Develop data libraries on the OSHPD Web site for providing more health facility and patient level data at lower cost and in shorter time.

Goal 2 Guide the state's health care policies and initiatives, especially in the areas of quality, accessibility, allocation of resources and cost effectiveness by providing timely, accurate, objective and comprehensive information, research and analysis.

Objectives

1. Collect relevant and accurate health care and health facility data and provide timely reporting and access to these data to support statewide health policies and initiatives.

Strategies:

- A. Implement OSHPD's plan in response to the recommendations of CHPDAC related to the Health Data Improvement Legislation, SB1109.
- B. Facilitate the process of identifying health data needs with the public, health care industry, provider community and research community and government.
- C. Facilitate collection of relevant, standardized data through communication with the health care industry, researchers, and standards organizations.
- D. Continue data accuracy improvement processes in the Discharge Data Section with the health care data providers.
- E. Improve the data validation processes through upgraded and expanded computer technology options and add a quality assurance component to the Individual Development Plans and performance evaluation for all production staff.

- F. Evaluate the expansion of the data collection effort to include providers beyond health facilities and develop expertise in outpatient data collection, clinical coding and feedback mechanisms.
 - G. Maintain an access point to health data information and policy for the Agency.
 - H. Produce special training seminars for policy makers on access to and use of health data and information.
 - I. Develop value added data products and healthcare information materials that enhance the existing products now available through OSHPD.
- 2. Provide access to accurate data within the shortest time possible from collection.

Strategies:

- A. Improve the timely availability of electronic public data.
 - B. Improve the timely availability of currently defined public data.
 - C. Increase the value of the various data bases through software and data linkage options.
 - D. Generate user-friendly documents and formats for printed and electronic distribution.
- 3. Assure the confidentiality of release of all patient identifiable data.

Strategies:

- A. Develop a clear policy and procedure guideline for release of the data outside OSHPD resulting in an efficient process incorporating improved safeguards for protecting patient confidentiality and privacy including the Committee for the Protection of Human Subjects, the

Vital Statistics Advisory Committee and existing laws and regulations.

- B. Develop and maintain a tracking system for confidential requests.
4. Facilitate access to and integration of health data across all state agencies by acting as an independent health information broker.

Strategies:

- A. Continue the development of new data linkages with other agencies (e.g. outpatient and mortality data federal Medicare and Medicaid data, and federal and state categorical program data).
- B. Enhance the statewide data inventory and dictionary of all health related data.
- C. Take a lead role in further standardizing the definition of health care related data elements where appropriate.
- D. Continue improvements to information systems and communications infrastructure to freely exchange information.
- E. Represent the State and Agency at national and statewide meetings and at other departmental and interdepartmental meetings.
- F. Coordinate health data information activities across all Agency programs.
- G. Assist in the evaluation of data collection activities throughout the Agency for relevance and redundancy.
- H. Participate in the federal government's efforts to define and standardize the health care data collected for the Medicaid and Medicare programs.

5. Conduct leading research and analysis that support the development of innovative and effective health care policies and initiatives that will improve health care delivery.

Strategies:

- A. Collect and report data on risk adjusted outcome measures for hospitals and other facilities.
- B. Expand research and analysis into the continued development of risk adjusted outcome measures to assist purchasers and the public with evaluating quality, availability and other key concerns related to health care delivery.
- C. Conduct research and analysis to determine current health care needs.
- D. Develop new markets and customers for OSHPD data.

Significant Activities/Performance Measures

- 1. Develop a Divisional implementation plan to achieve the goals defined in the legislative proposals based on the CHPDAC recommendations, and define a 3-4 year work plan for each section of the Healthcare Information Division to implement the goals.
- 2. Monitor changing needs through continued awareness federal and state statutes, regulations and various statutory and regulatory proposals.
- 3. Monitor health care industry data needs through advisory committees and literature review, and review and comment on various legislative proposals and regulatory changes, attend CHPDAC and other health care industry meetings, and propose regulatory changes as appropriate.
- 4. Monitor data standards adopted at the national and state levels.
- 4.5 Provide assistance to the FTC and State Attorney General Office, as requested, on antitrust cases involving health care organizations.

5. Develop a software product for individual facilities to identify inaccuracies, and correct data prior to submission to OSHPD. Within the next fiscal year provide the software to all interested facilities.
6. Computerize the annual survey of health facilities.
7. Revise the Patient Discharge Date edit processes to streamline and make it more efficient and timely.
8. Develop a BCP, and all necessary FSR's and specification plans to convert to a computerized data collection system.
9. Reduce the time to process data collected from health facilities in each section of the Healthcare Information Division.
10. Use graphics to portray data trends for each database.
11. Develop procedures which include the definition of confidential data, criteria for referring to the Committee for the Protection of Human Subjects and/or legal review.
12. Enter into collaborative relationships with the University of California for development and implementation of the special seminars.
13. Continue promoting the use of core data for client identification.
14. Establish and convene an Interdepartmental Data Coordinating Council comprised of representatives of the HWA departments. Agree on a mission, goals and objectives for the Council as well as a few select projects for collaboration.
15. Update the hospital and long-term care facility uniform accounting and reporting requirements to reflect the movement of providing healthcare through managed care arrangements.
16. Contract for the evaluation of the hospital financial and utilization data reporting for redundancy.

17. Plan for and acquire all necessary staff, management, space, consultants, information technology solutions and equipment for implementing the health information improvement legislation emanating from SB 1109.
18. Reduce the analyst training time in the Discharge Data section from 12-18 months to 6 months.

Goal 3 Ensure the on-going safety of health care facilities and evaluate their ability to provide continued operation and necessary health services in the event of a disaster.

Objectives

1. Promote the adoption of regulations which will provide on-going safety and continued operation in the event of an earthquake or other disaster.

Strategies:

- A. Work with the building industry and the regulated public to develop and adopt appropriate regulations.
 - B. Analyze damage to buildings and engineering failures to determine whether and how regulations should be updated.
2. Ensure that hospitals and other health facilities are designed and built or renovated in strict accordance with adopted regulations for seismic, fire and other safety requirements.

Strategies:

- A. Standardize the plan review and construction observation process, by updating, implementing and enforcing the plan review and field operations manuals.

- B. Streamline the plan review and construction observation process by implementing a cost effective management information system.
- 3. Inspect and evaluate hospitals and health facilities in a timely fashion after an earthquake or other major disaster.

Strategies:

- A. Maintain an updated emergency response plan and make it widely available in the event of an earthquake or other disaster.
 - B. Coordinate the emergency response plan with other key State departments, i.e. Office of Emergency Service (OES), Emergency Management Services (EMS), etc. During emergencies, communicate the administration of seismic safety inspections to EMS and OES.
 - C. Provide timely access to facility architectural and engineering information for all hospitals and health facilities under OSHPD's jurisdiction.
 - D. Provide timely information concerning facility status to internal/external stakeholders.
- 4. Educate the building industry and the regulated public regarding OSHPD's role with respect to building safety.

Strategies:

- A. Educate the industry on meeting plan submission and construction review requirements through regular seminars and conferences conducted throughout the state.

Significant Activities/Performance Measures

- 1. Within two years of damages caused by disasters, propose regulatory remedies as necessary.

2. Participate in periodic exercises of emergency response plans when requested by the Office of Emergency Services or EMSA.
3. Ensure Facilities Division response teams are in the damaged area within 48 hours of the disaster.

Goal 4 Improve the overall delivery and accessibility of health care in the state by providing access to financial resources to expand or add needed facilities, and by facilitating development of appropriate workforce resources.

Objectives

1. Allocate state loan guarantees to projects which meet the State's needs for health facilities as defined in the Cal Mortgage plan.

Strategies:

- A. Develop and maintain the Cal Mortgage plan to focus the Program on the priority needs of California's health care delivery system.
- B. Review the inventory of hospitals, other health facilities, and occupancy rates developed by the Healthcare Information Division of OSHPD to identify the need for additional facilities in under-served areas and populations.
- C. Develop data sources both inside and outside OSHPD to determine the financial need of borrowers and applicants.
- D. Analyze proposed projects against criteria established in the statute and the Cal Mortgage plan and recommend appropriate course of action to the Director.

2. Ensure the soundness of the State General Fund by minimizing the number and dollar value of loan defaults insured by OSHPD.

Strategies:

- A. Monitor loans and identify those that are at risk of default and work together with the borrower and lender to develop a plan to avoid default.
 - B. Automate procedures forms, paperwork, data entry, and application plan review to track all prospective applicants and monitor the status of insured loans.
 - C. Improve investor confidence to purchase Cal-Mortgage insured paper and thus lower interest rates.
3. Ensure an adequate supply and effective distribution of primary care services and facilitate the allocation of primary care resources to areas that need them.

Strategies:

- A. Develop and improve linkages between OSHPD and educational institutions, health professional organizations, regulatory boards and others to work cooperatively on training, education and professional development of primary care resources.
 - B. Collect health manpower resources data needed to analyze the supply and distribution of primary care providers and their practice patterns and identify inadequacies, i.e., under-served areas and populations.
 - C. Conduct pro-active planning and policy development to ensure adequate staffing of primary care doctors and other professionals, as well as adequate access to primary and specialty care in under-served areas.
4. Make health manpower resources as effective as possible.

Strategies:

- A. Identify the health professional training needs and skills required to support under-served areas; develop a plan that addresses these needs.
- B. Identify deficiencies in training and demographic diversity among health manpower resources and recommend ways to address the deficiencies.
- C. Oversee pilot projects that test new uses of health care personnel (e.g., Physician's Assistants) and assess their effectiveness.

Significant Activities/Performance Measures

1. Compile annually a list of the Cal-Mortgage projects approved by OSHPD during that year, and provide a list of the projects in an annual report to the Director's Office.
2. Annually evaluate and recommend amendments, additions or deletions to the guiding principles and priorities of the Cal-Mortgage plan.
3. Compile annually a list of the projects which left the Cal-Mortgage Program and identify whether the project left due to the loan being paid, the project affiliated with another corporation, or left for some other reason.
4. By December 1997 implement the Cal-Mortgage Tracker program to better monitor borrowers' compliance with bond covenants.
5. Acquire and implement a financial analytical software program to better assess the financial status of applicants and borrowers.
6. Project Officers shall intervene at first sign of a borrower's financial difficulty through one or more of the following actions:

- A. Obtain business plans and revised budgets from the borrower. Monitor monthly the financial statements and adherence to the turnaround business and budget plan of the borrower.
 - B. Consult with the borrower on issue identification, decreasing expenses, and downsizing. Work with the borrower to obtain qualified affiliation, merger, management, or consulting expertise.
 - C. Work with the borrower's boards of directors to identify potential solutions.
 - D. When appropriate, initiate legal proceedings.
- 7. Identify "turn around" or "work out" individuals or companies for each type facility insured by Cal-Mortgage, including descriptions of their experience and favorable out-comes with Cal-Mortgage problem projects.
 - 8. Monitor the effects of Medi-Cal managed care on the financial viability of Cal-Mortgage insured projects.
 - 9. Monitor the effects of Welfare Reform on the financial viability of Cal-Mortgage insured projects.
 - 10. Review, perfect and renew UCC-1 security interest. Study establishing a mechanism for becoming aware and filing security interests in borrowers' after acquired properties.
 - 11. Assess earthquake insurance and potential FEMA recoveries resulting from earthquake damage to Cal-Mortgage insured borrowers and continue to work with the California Office of Emergency Services (OES) and the California Office of Insurance and Risk Management (ORIM), and if appropriate, establish an earthquake insurance pool.
 - 12. Contract with outside consultants for the completion of an actuarial study in each even-numbered year to determine the reserve sufficiency of the HFCLIF.

13. Implementation of a Cal-Mortgage Tracker program that will monitor quarterly unaudited and annual audited financial statement, and develop financial profiles by facility type and locations for insured projects.
14. Significantly improve the health care level (ratio of practitioners to populations in defined underserved geographic areas or within underserved population groups of California) for the following: family practice, internal medicine, pediatrics, and obstetrics/gynecology.
15. Significantly increase the proportion of disadvantaged or displaced individuals trained or employed in medicine (all specialties), nursing, public health, dentistry.
16. Insure that significant numbers of under-utilized persons (unemployed/welfare recipient/displaced) become employed in entry level health care professions.
17. Maintain a continuously current master data base that defines the health care labor force, identifies unmet needs and facilitates utilization of public and private programs and resources available to improve health care delivery for the underserved.

Goal 5 Create a responsive and effective organization by practicing the OSHPD values, incorporating strategic planning and effective management practices, and providing continued professional development opportunities.

Objectives

1. Incorporate strategic planning principles and the strategic goals into the daily functions of all employees.

Strategies:

- A. Communicate the results of the Strategic Plan (and future strategic planning) so that all staff understand their role in achieving the goals.
 - B. Set individual employee (and program) objectives that are directly related to goals and objectives in the Strategic Plan and relate all management and supervisory staff duty statements to the strategic business plan.
 - C. Assess OSHPD's success and efficiency in delivering services and meeting desired outcomes and revise tactics and strategies accordingly.
2. Establish the structure, mechanisms and culture that facilitate communication throughout the organization.

Strategies:

- A. Develop liaisons between divisions and programs to maximize communication and promote networking across and between divisions to take advantage of synergy and complementary skills.
 - B. Establish inter-disciplinary teams to address department-wide issues and communicate across divisions on issues of mutual importance.
 - C. Develop and implement information technologies to facilitate communication and information sharing.
 - D. Pursue consolidation of all Sacramento based employees into a single location
3. Establish department-wide management information systems for monitoring and evaluating the effectiveness of internal operations and program administration.

Strategies:

- A. Identify opportunities for using existing office information for strategic decision making and determine additional information requirements.
 - B. Develop a department-wide information management system emphasizing decision support capabilities.
4. Develop OSHPD employees to achieve our goals and objectives.

Strategies:

- A. Identify training and development needs for each employee and (together with the employee) Use individual Development Plans to meet them.
- B. Establish and communicate criteria for measuring outcomes and performance at all levels, identifying opportunities to assume greater responsibility.
- C. Provide career paths and opportunities for advancement based on high quality performance.
- D. Recruit, train and retain highly qualified individuals for management and staff positions.

Significant Activities/Performance Measures

- 1. Continue implementation of the Information Technology Strategic Plan.

Section V - Resource Assumptions

	FY 7/8		FY 8/9		F/Y 9/0	
Budget Change Proposals Anticipated	YES	NO	YES	NO	YES	NO
Goal 1		X		X		X
Goal 2		X*	X			X
Goal 3		X		X		X
Goal 4		X		X		X
Goal 5		X		X	X	

* Proposed legislation may add additional resources in January 1998.

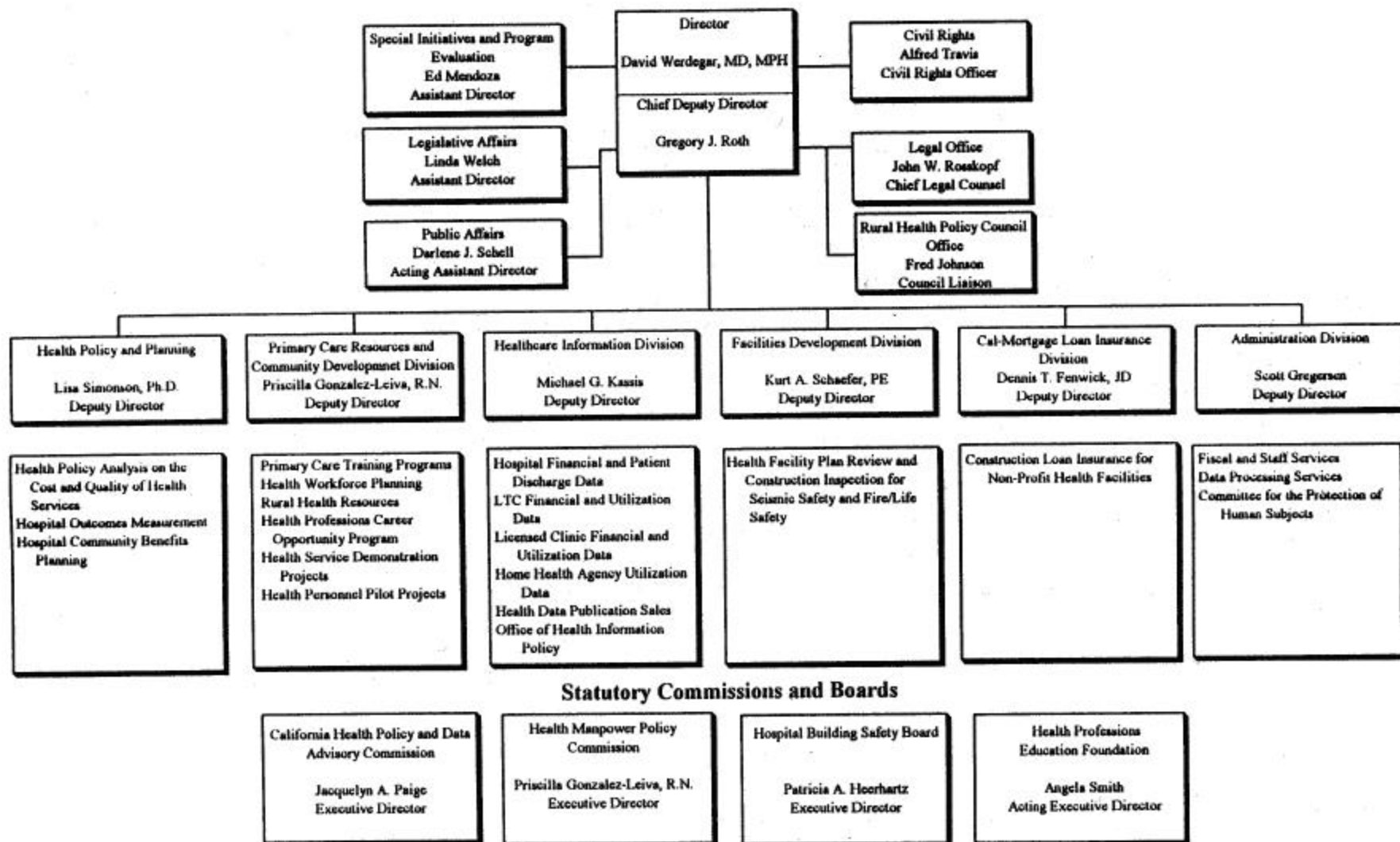
Section VI - Financial and Full-Time Equivalent (FTE) Position Information

	1997/98	1998/99	1999/00
	<u>Actual</u>	<u>Estimate</u>	<u>Budget</u>
General Fund	\$5,377	\$9,791	\$8,061
Other Appropriated Funds:			
Hospital Building Fund	16,892	17,930	18,291
California Health Data & Planning Fund	11,031	12,375	14,075
Registered Nurse Education Fund	612	738	389
Unallocated Account, Cigarette and Tobacco Products Surtax Fund	1,899	1,837	1,047
Reimbursements	1,097	3,990	3,718
Other Non-Appropriated Funds:			
Health Facility Construction Loan Insurance Fund	9,294	4,110	4,133
(California Mortgage Loan Insurance)			
Minority Health Professions Education Fund	87	439	439
Federal Trust Funds	837	1,500	1,735
Total Funds	<u>\$47,126</u>	<u>\$52,710</u>	<u>\$51,888</u>
PY's	344.0	372.4	384.0

Dollars in Thousands

Appendices

Office of Statewide Health Planning and Development



David Werdegar
David Werdegar, MD, MPH

9.24.98
Date

Revised 9/18/98

Appendix 2- Stakeholders

This appendix lists all individuals who took part in the stakeholder assessment phase of the Strategic Planning process. Individuals are listed as either internal stakeholders (i.e., employees of OSHPD) or external stakeholders with their titles and/or affiliations.

EXTERNAL STAKEHOLDERS

Abdelmonem A. Affifi, University of California at Los Angeles
Peter Abbott, M.D., Director, Center of Health Statistics, Department of Health Services
Vic Biswell, Executive Vice President, Association of California Hospital Districts
Diane Cummins, Principal Program Budget Manager, Department of Finance
Jan Dell, Principal Consultant, Minority Ways and Means Committee
Michael Dimmitt, California Association of Hospitals and Health Systems (CAHHS)
Hector Flores, M.D., Chairman, Department of Family Practice, White Memorial Medical Center
Paul Goss, California Association of Health Facilities (CAHF)
Kevin Hanley, Minority Consultant, State Assembly
Dorel Harms, California Association of Hospitals and Health Systems (CAHHS)
Susan Harris, California Association of Hospitals and Health Systems (CAHHS)
Mark Helmar, Cooperative Agreement, Department of Health Services
Yoshi Honkawa, California Health Policy Data Advisory Committee (CHPDAC)
Leslie Howard, President, California Academy of Physicians Assistants
Russell J. Bohart, Director, Health and Welfare Agency Data Center
Derrell Kelch, California Association of Homes for the Aged (CAHA)
Lee Kemper, Assistant Director, Department of Health Services
Bud Lee, Vice President, California Association of Catholic Hospitals
Bob Macaluso, California Association of Health Facilities (CAHF)
Tom McCaffery, Assistant Secretary, Health and Welfare Agency
Paul Press, Consultant, State Assembly Committee
Roger Richter, California Association of Hospitals and Health Systems (CAHHS)
Diane Van Maren, Senate Budget Committee

Diane Vines, Dean, School of Health, California State University of
California, Dominguez Hills

INTERNAL STAKEHOLDERS

Participants in Interviews and Focus Groups

Steve Beckman
Jay Benson
Susan Brazil
Sam Brown
Ben Brown
Maria Campeanu
Ted Carthen
Paul Cerles
Terry Clark
Shell Culp
Candace Diamond
Dennis Fenwick
Rick Ferrin
James Ford
Christina Forakis
Dinesh Gandhi
Alejandro Garza
Peg Gerould
Priscilla Gonzalez-Leiva
Warren Harris
Dovie Hernandez
Bob Hidley
Rich Hoisington
Charles Hwu
Sheree Jacobs
Aaron Jones
Rishi Kalra
Sudheer Karnik
Mike Kassis
Art Kawada
Lynn Keay
Bob Kemis

John Kriege
Kenny Kwong
Mark Legnini
Homero Lomas
Kathy McCaffrey
Mary McDonald
Jim Mogadam
Sam Moon
Ele Muex
Beverly Nelson
Bruce Norton
Abel Ortiz
Jacqueline Page
Wally Payne
Janice Ploeger
Stephen Pollitt
John Rosskopf
Bijan Roy
Greg Roth
Ernesto Sanchez, Jr.
Mike Savino
Lisa Simonson
Jim Stephenson
Mike Tanako
Chris Taylor
Al Travis
Ted Teshima
Linda Welch
David Werdegarr
Al Worley
Charles Yen

Appendix 3- OSHPD Strategic Planning Process

DEFINING THE FUTURE: To create a common vision for the future, and a shared understanding of future expectations and objectives. Determine what sociological, technological, economic, political, and legal issues impact OSHPD's future.

CURRENT BUSINESS DEFINITION: To define OSHPD's current functions, business objectives, customers and critical success factors.

STAKEHOLDERS ASSESSMENT: To identify needs and expectations from all parties who have a vested interest in the success of OSHPD.

EXTERNAL ASSESSMENT: To determine external trends, factors, and obstacles which influence business strategies and identify external threats and opportunities.

INTERNAL ASSESSMENT: To determine internal trends, factors, and obstacles which influence business strategies. Determine OSHPD's present and future strengths and weaknesses.

VISION/MISSION VALUES STATEMENTS: To consider, based on the stakeholder assessment, any modifications to OSHPD's existing Vision, Mission and Values Statements.

KEY STRATEGIES: To define key strategies that address critical success factors over the long term. Determine major undertakings to reposition OSHPD for the future.

IMPLEMENTATION PLANS: To develop plans for implementation of key organizational strategies that will maximize productivity and accountability.

FEEDBACK AND CONTROL SYSTEMS: To monitor and evaluate progress on actual versus planned progress on strategic activities and determine if strategies are appropriate.